

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	CF		10-11-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALTY REVIEW	AV	690	11-07-01
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

- ✓ ----- Rejected
- Allowed
- (Through numeral) ----- Canceled
- + ----- Restricted
- N ----- Non-elected
- I ----- Interference
- A ----- Appeal
- O ----- Objected

Claim	Date	
Final	Original	
1	✓	Nov-03
2	✓	Nov-03
3	✓	Nov-03
4	✓	Nov-03
5	✓	Nov-03
6	✓	Nov-03
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Claim	Date	
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11/07

If more than 150 claims or 10 actions  
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